

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

9867

1. PLACE OF DEATH

County.....

Registration District No.....

791

Township.....

Primary Registration District No.....

1003

City.....

(No.....)

City.....

File No.....

Registered No.....

2436

St.....

Ward.....

2. FULL NAME

(a) Residence, No..... Ward.....

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred

48 yrs.

mos.

da.

How long in U.S., if of foreign birth?

yrs.

mos.

da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Oct 14 1878

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

48

4

26

8. OCCUPATION OF DECEASED

(a) Trade, profession, particular kind of work

Auto repairman

(b) General nature of industry, business, or establishment in which employed (or employer)

Flower

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

St. Louis

(STATE OR COUNTRY)

10. NAME OF FATHER

Ferdinand Dupate

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Bahemia

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Anna Harding

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Bahemia

(STATE OR COUNTRY)

14.

INFORMANT

(Address)

City Hospital

15.

FILED

19

Mar 6 1927

REGISTERED

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

March 10 1927

17.

I HEREBY CERTIFY That I attended deceased from 1927 to March 10 1927 that I last saw him alive on March 10 1927 and that death occurred on the date stated above, at 11:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Ch. Pulmonary Tuberculosis

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed).....

M. D.

(Address).....

*State the DISEASE CAUSING DEATH, or in Deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

National Cemetery

3/12 1927

20. UNDERTAKER

ADDRESS

Southern

1315 S. B. Ave.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dupiste